

Division of Health Care Facilities

PRINTED: 10/17/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7201	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 10/08/2013
NAME OF PROVIDER OR SUPPLIER LAURELBROOK SANITARIUM		STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{N 848}	<p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, it was determined soiled linen and clean linen areas were not maintained under the proper positive/negative air relationships.</p> <p>The findings include:</p> <p>Observation with the Maintenance Supervisor on 10/8/13 at 1:40 p.m. revealed the following:</p> <ol style="list-style-type: none"> 1. The soiled linen storage room and dirty side of the laundry was not maintained under a negative pressure. 2. No ventilation system was provided in the laundry on either the soiled or clean side. 3. The #1 clean linen room near the fire pump room was not under a positive air flow. <p>These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 10/8/13.</p>	{N 848}	<p>N 848</p> <p>1) On 10/11/13 Plans for the repair to the Laundry area were submitted to Department of Health's Plans Review Section for approval in order to do construction work. On 10-22-13 the Administrator contacted Plans Review for a possible release date. Plans should be approved by 10/25/13.</p> <p>2) The Administrator has supplies on hand and work will begin as soon as plans are released from Plans Review Section.</p> <p>3) The expected project completion date will be 11/11/13 of the wall between the soiled and clean laundry areas and exhaust fans will be installed to create negative/positive pressure in the rooms once the wall has been completed.</p> <p>4) Starting 10/21/13 the Maintenance Supervisor will report to the quarterly QAPI Committee when construction is complete and ultimately the Administrator will report to the Board.</p>	11/11/13	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

STATE FORM

5899

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If continuation sheet 1 of 1